

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002854

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

275

Primary Registration District No.

3053

Registrar's No.

35

FILED FEB 13 1963

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Rolla</b>		c. CITY OR TOWN <b>Rolla</b>	
Length of stay in 1b <b>D.O.A.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) - HOSPITAL OR INSTITUTION <b>Phelps County Memorial Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>1010 West 10th St.</b>	
3. NAME OF DECEASED (Type or print) First <b>FRANK</b> Middle <b>ARTHUR</b> Last <b>GERMANN</b>		4. DATE OF DEATH Month <b>February</b> Day <b>6</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/7/73</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bank Cashier, ret.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Rolla State</b>	
11. BIRTHPLACE (City and state or country) <b>Belleville, Ill.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Louis Germann</b>		13b. MOTHER'S MAIDEN NAME <b>Melinda Hamlett</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b>		17. INFORMANT <b>Mildred</b>	
16. SOCIAL SECURITY NO. <b>51</b>		Address <b>Mrs. W. S. Jenks, Jr. Rolla, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b> DUE TO (b) <b>Urinal Enteritis</b> DUE TO (c) <b>For advanced arterio-sclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 hrs</b> <b>3 days</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <b>4:30</b> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>Rolla, Mo.</b>		20g. COUNTY <b>Phelps</b>	
20h. STATE <b>Missouri</b>		20i. DATE OF INJURY <b>2/6/63</b>	
21. I attended the deceased from <b>1948</b> to <b>2/6/63</b> and last saw him alive on <b>2/6/63</b>		21b. Death occurred at <b>4:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>James M. Myers M.D.</b>		22b. ADDRESS <b>Rolla, Mo.</b>	
22c. DATE SIGNED <b>2/7/63</b>		22d. SIGNATURE <b>Madame L. Stoll</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Feb. 8, 1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Rolla Cemetery</b>		23d. LOCATION (City, town, or county) <b>Rolla, Missouri</b>	
24. FUNERAL DIRECTOR By <b>Paul E. Quill</b>		25. DATE RECD. BY LOCAL REG. <b>Feb. 7, 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Madame L. Stoll</b>		27. DATE <b>Feb. 7, 1963</b>	

(Licensed Embalmer's Statement on Reverse Side)

MAR 22 1963

**STATEMENT BY LICENSED EMBALMER.**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Paul E. Hull*

Licensed Embalmer No. 4498

P. O. Address Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.